PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further of indicated unless correcte maintenance fee notificat	correspondence including delow or directed oth ions.	g the Patent, advance or serwise in Block 1, by (a				correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
21839	7590 08/11/	/2009		Contificato	of Mailing or Transi	nission
BUCHANAN, INGERSOLL & ROONEY PC POST OFFICE BOX 1404 ALEXANDRIA, VA 22313-1404				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/537,300	06/02/2005		Marc Joye	10	032326-000302	1466
TITLE OF INVENTION		RE INTEGER DIVISION	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CTION AGAINST HIDDI		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1510	\$300	\$0 ◘	\$1810	11/12/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	_		
CHAI, LONGBIT		2431	380-028000		DIIGILAN	AN INGERSOLL
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. BUCHANAN INGERSOLL 2 3			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	rpe)	1	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
GEMALTO SA MEUDON, FRANCE						
Please check the appropr	iate assignee category or	r categories (will not be p	rinted on the patent):	Individual 🛮 Corporat	ion or other private gro	oup entity Government
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 024800 (enclose an extra copy of this form).			
5. Change in Entity Sta	itus (from status indicate as SMALL ENTITY stat		☐ b. Applicant is no lo	nger claiming SMALL EN	TITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if req		ed from anyone other than			he assignee or other party in
Authorized Signature	Show	tellen		Date Novem	ber 10, 2009)
Typed or printed name Steven L. Ashburn			Registration No. 56636			
an application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, VAlexandria, Virginia 223	tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. Do 313-1450.	5 U.S.C. 122 and 37 CFR e USPTO. Time will var Irden, should be sent to the O NOT SEND FEES OR	11.14. This collection is e y depending upon the ind he Chief Information Offi COMPLETED FORMS	retain a benefit by the put stimated to take 12 minute ividual case. Any commer cer, U.S. Patent and Trade FO THIS ADDRESS. SEN aformation unless it display	is to complete, including its on the amount of the time of the commissioner (D TO: Commissioner)	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number.